

**VETERINARY SERVICES CAREERS PROGRAM—VSCP
NOMINATION FORM**

**ELIGIBILITY: THIS IS AN ORIENTATION TO VETERINARY SERVICES FOR NEW
AND RECENTLY HIRED EMPLOYEES. IT IS OPEN ONLY TO CAREERS WITHIN
VETERINARY SERVICES WHO WERE HIRED AS OF OCTOBER 2005.**

1. Participant Information:

Name_____

Mailing Address (street, city, state, zip code)

E-mail Address_____

Phone #_____ Fax #_____

Official Duty Station (address if different from mailing
address)_____

Job Title, Series, Grade_____

EOD Date for current position (mo, day, yr)_____

EOD Date in VS (mo, day, yr)_____

2. Immediate Supervisor:

Name and Title_____

Mailing Address (street, city, state, zip code)

E-mail Address_____

Phone #_____ Fax #_____

Please select those courses from the VSCP curriculum below which you plan to attend in FY2007. Orientation Part A (CDROM/DVD) and Orientation Part B (classroom course) are *mandatory pre-requisites* for all other instructor-led/classroom-based VSCP courses. (Part A, CDROM/DVD, will be sent to you when your nomination is accepted.)

<u>Course Title</u>	<u>Date</u>	<u>Selection (circle)</u>	
Orientation Part B (I & II)	November 14-16, 2006	MANDATORY	
Emerging Issues (I & II)	February 27 – March 1, 2007	Yes	No
Basic Epidemiology (AHT) (II)	March 20-23, 2007	Yes	No
Communication & Managing Up (I)	April 17-20, 2007	Yes	No
Basic Epidemiology (VMO) (II)	June 25-29, 2007	Yes	No

The above dates are actual class days and DO NOT include travel days.

Participant's Signature

Date

Supervisor's Signature

Date

Area Veterinarian in Charge Signature

Date

Regional Training Coordinator Approval

Date

Priority: Number ____ of ____

Participant Name_____